

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(SEE INSTRUCTIONS PAGE 3537)**

SERIAL NO.

10 / 507969

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL CLAIMS | | | | | | | | | | | | |